

Teachers' Retirement Plan Participants

(All CSO and WTU Employees Only)

If you are enrolled in the Teachers' Retirement Plan, you must complete the following steps to secure your refund:

 Obtain a copy of your <u>personnel action report</u> from the Employee Services Division of Human Resources by calling (202) 442-4090.

Your application will not be processed without the Personnel Action Report

• Return completed application along with a copy of your personnel action report to:

District of Columbia Retirement Board

900 7th Street, N.W.

Suite 200

Washington DC 20001
Phone 202-343-3272
Fax: 202-566-5001
Toll Free: 866-456-3272

Email: dcrb.benefits@dc.gov

Hours: Monday through Friday 8:00am to 5:00pm

Website: www.dcrb.dc.gov

- IN PERSON SUBMISSION AND QUESTIONS: BY APPOINTMENT ONLY
- **Processing time 60-90 days** from the date DCRB receive the application.
- Contact DCRB with any questions and the status of your application.
- Please make copies of your application for your records.

Application for Refund or Direct Rollover District of Columbia Teachers' Retirement Plan

DCRB * Benefits Department * 900 7th Street, NW * Suite 200 * Washington, DC 20001-3886 (202) 343-DCRB * 1-800-456-DCRB * Fax (202) 566-5001*E-mail <u>dcrb.benefits@dc.gov</u>

Member Information

Name _					
	Last	First	MI	Soc	cial Security Number
Address				()	
	Street		Apt. #	Daytime Telephone Num	lber
-	City	State	Zip Code	Date of Birth	Termination Date

In compliance with the Federal Privacy Act of 1974, the disclosure of a member's Social Security Number on this form is mandatory pursuant to 26 U.S.C. Section 3402. Your Social Security Number will be used solely for tax reporting and as an identification number.

Notice to Member

Please read the attached "Special Tax Notice Regarding Plan Payments" before continuing. Because everyone's tax situation may be different, we strongly urge you to discuss your options with your tax advisor before requesting a distribution from the Plan.

To be eligible for a refund/rollover, you must terminate your employment and be off the payroll of a covered employer for at least 31 days. If you are transferring between two participating agencies or political subdivisions that also offer this plan, you are not entitled to a refund/rollover.

Processing will take approximately 60-90 days from the date the application is received by District of Columbia Retirement Board (DCRB) (subject to Federal and state laws). By receiving a refund/rollover, you forfeit all service credit to the date of distribution, as well as any retirement or disability benefits, and any non-vested employer contributions attributable to that service credit.

To obtain a refund/rollover from the retirement plan a copy of your personnel action along with your separation letter **must** accompany this form. Failure to submit these documents will delay processing your refund/rollover request.

<u>Please Note</u>: Before requesting a rollover to another employer's plan, you should discuss the rollover with a representative of that plan to make sure the plan accepts rollovers, and that it will accept a rollover from the Teachers' Retirement Plan. In addition, you should be aware that once you take a refund or execute a rollover from this Plan, you are no longer entitled to a benefit from the Plan. Consequently, should you become reemployed with DCPS, and if you want your prior service restored, you will need to purchase that service by replacing the initial amount that was refunded or rolled over into another qualified plan, plus any applicable interest.

Application For I Check here if you want a refund payable to you (minutaxable portion of your refund). After a refund check is paid are your responsibility.	as the mandatory 20% Federal income tax on the
Application For Dire Check here if you want to initiate a direct rollover of yor to a traditional Individual Retirement Account (IRA) acceptance forwarded to DCRB from your financial insconsists of after-tax monies, the letter of acceptance is a	your benefit to an Eligible Employer Plan b. For this option, you must have a letter of stitution. If any portion of your rollover
Name of Financial Institution	New Plan/IRA Account Number
Portion to be rolled over: All taxable amounts All taxable and nontaxable	% of my savings amounts \$ of my savings
Please Note: The amount you identify as a direct rollover will and sent to you for transmittal to that institution. If no electio 100% of your taxable amount in your direct rollover and will in	n is indicated, DCRB will automatically include
I elect to receive a distribution of my retirement benefit as ind "Special Tax Notice Regarding Plan Payments" and the other	
Signature	Date

DCRB Form xxx 10/1/05